

GENERAL HEADQUARTERS
SUPREME COMMANDER OF THE ALLIED POWERS
Public Health and Welfare Section

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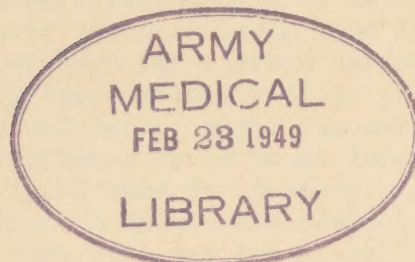
W E E K L Y B U L L E T I N

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SECTION I

PREVENTIVE MEDICINE DIVISION

Preventive Vaccination

The Ministry of Welfare published "Rules for the Execution of Inoculations" in YO-HATSU No. 1355, dated 15 October 1948. These rules were also published in English as BO (Preventive Section, Prevention Bureau) No. 56, dated 26 October 1948, and were sent to chiefs of sanitation sections (health departments) of all prefectures. Instructions are given therein for vaccinations and inoculations against the following: smallpox, diphtheria, typhoid and paratyphoid, typhus and cholera.

An English translation of the above "rules" has been reproduced for the benefit of Military Government Public Health Officers and is attached to this Bulletin. (Inclosure No. 1).

The following is offered in explanation of the information and instructions contained in the Rules for the Execution of Inoculations.

The irregularity in designating the date for which the vaccines are valid is due to differences in the minimum requirements which have been adopted but which are under revisions. According to previous requirements, the periods of validity for typhoid and cholera vaccines begin from their date of manufacture, while that for typhus vaccine begins from the date of sale. The periods of validity for smallpox and diphtheria vaccines begin from the date of passing official test or assay. The temperature for storage during the period of validity is below freezing (below 0° C) for smallpox vaccine and between 2° C and 5° C for the others. According to minimum requirements the storage of finished smallpox vaccine in the hands of manufacturers is to be at temperatures below minus 10° C. Provisions should be made in advance for temporary storage by prefectural health departments and for distribution within the prefectures at the required temperatures. The use of vacuum jugs with dry ice or salted wet ice as an adjunct to mechanical refrigeration is suggested.

Disinfection of the "fingers" is required of the vaccinator. Preferably this should be accomplished by washing the hands with soap and water. Phenol solution for hand disinfection should be used if better facilities cannot be provided.

Disinfection of the part to be vaccinated (or inoculated) must, in the case of smallpox vaccination, be an agent which has no residual action deleterious to the virus in the vaccine. For smallpox vaccination, complete dryness of the skin after its disinfection, whether by acetone, alcohol, ether, or soap and water, is essential. For other inoculations given intradermally or subcutaneously tincture of iodine is ordinarily required as a skin disinfectant, but caution should be used to remove the excess iodine with alcohol to prevent chemical burns, and to use only fresh iodine solutions which have not been concentrated by evaporation.

Every opportunity should be taken by Military Government Health Officers to demonstrate the multiple puncture or, preferably, the multiple pressure method of smallpox vaccination to Japanese health officers and physicians. Sewing needles are obtainable and means for aseptically depositing vaccine onto the skin can be improvised. The advantages of this single-site bloodless method will be apparent to the more progressive and the younger physicians. For those who cannot be convinced, the "cut" method is described as an alternative, but the number of sites must be reduced.

For the protection of the general public against smallpox, two attempts at vaccination should result in a sufficient number of successful immunizations to prevent epidemics. In cases where it is especially important that a particular individual acquire immunity vaccination against smallpox should be repeated until a satisfactory response is obtained.

Although the use of phenol solutions for disinfection of hypodermic needles and syringes is mentioned in the "rules", such a method is permissible only when

it is not possible to use boiling water. Since charcoal and vessels to hold water are universally available in Japan, there should be no occasion for any other method of sterilization than by boiling.

Care in the disinfection of hands and skin, and aseptic technique in handling the vaccine and instruments should eliminate infections due to contamination.

Public Health Information and Education

Press Releases Concerning Reorganization of the Health Center System in Japan

Reference is made to Section II, Weekly Bulletin Nos. 92, 95 and 101. Inclosed with this Bulletin are numbers 7 and 8 (Inclosures No. 2 and 3) in a series of press releases on Reorganization of the Health Center System in Japan. Subject inclosures are basic information on the subjects of "Mother and Child Health Services under the New Health Center System" and "Medical Social Service in the Health Center".

Sanitation

Certain phases of mosquito control must not be neglected during the winter season. Several species of mosquitoes, including *Culex tritaeniorhynchus*, an important vector of Jap B encephalitis, lay their eggs in streambeds and in ditches where they remain viable in a dry state, ready to hatch immediately upon the arrival of the spring rains. The eggs of other mosquitoes are stranded on the edges of subsiding streams and drains where they remain until rising water makes their continued development possible. For this reason the cleaning of ditches and drains, together with the killing of adult mosquitoes should be continued throughout the winter months. Unless control of mosquito breeding is established early in the season by means of such winter activities, the mosquito population will increase rapidly with the return of warm, wet weather. Unless rigid control measures are exercised throughout, the presence of mosquitoes may become an important factor in the expected return of Jap B encephalitis next summer.

Quarantine Regulations

Discrepancies have been noted in the information supplied from various sources regarding immunization requirements for persons departing Japan. This results in uncertainty and confusion both for the individual himself and for the physician who administers the inoculations.

There are at present two sets of immunization requirements applying to international travel: one for occupation personnel and all passengers of vessels or aircraft under military jurisdiction, and another for non-occupation passengers of commercial vessels or aircraft. The references for these two sets of requirements are, respectively, FEC Circular #8, Immunization, dated 2 March 1948, and SCAP Circular #9, Foreign Quarantine Regulations for Japan, dated 29 March 1948.

The provisions of FEC Circular #8 apply to all occupation personnel or others travelling under military jurisdiction and require immunization within one year against smallpox, typhoid-paratyphoid and typhus for all persons over one year of age, and either immunization against diphtheria or Shick negative test for those between 1 year and 15 years of age.

The provisions of SCAP Circular #9 apply to all non-occupation personnel travelling by commercial vessels or aircraft and require that immunization be in conformity with the requirements of countries of transit and destination.

According to latest notifications received by this headquarters, travelers arriving directly from Japan are requested by the following nearby countries or ports to have certificates of immunization as indicated:

Korea	Smallpox
Tsingtao	Smallpox, cholera, typhoid and paratyphoid
Shanghai	Smallpox
Taiwan	Smallpox, cholera, typhoid and paratyphoid
Foochow	None
Swatow	Smallpox and cholera

(Immunization requirements (Cont'd)).

Amoy	None
Singapore	None
Philippines	Smallpox and typhus
United States (Continental)	Smallpox
Hawaii, Alaska & Puerto Rico	Smallpox
Australia	Smallpox
New Zealand	Smallpox

Passengers passing through several countries will be required by each country to comply with quarantine measures currently in force in that country against all countries through which the traveler has passed.

Certificates of immunization are now required on the international form by most countries. For smallpox this form requires entries on type of reaction, and lot number and manufacturer of the vaccine. Authentication by an official of the national health authority is usually required for all certificates. The duration of validity laid down by the International Sanitary Conventions apply in most cases. These are three years for smallpox, one year for typhus, typhoid-paratyphoid and 6 months for cholera.

SECTION II

NURSING AFFAIRS DIVISION

Nursing Students

In answer to questions concerning the status of the student under the Labor Law there is being prepared a special instruction sheet which will define the student nurse as one studying a required curriculum and receiving her practical experience under supervision. She will not be considered in the Labor Law as a laborer. English copies will be forwarded to all Military Government Public Health Nurses.

Some confusion still exists relative to a 200-hour "teacher training course" which was originally included in the curriculum in Schools of Nursing by direction of the Ministry of Education. Under the Nursing Law the inclusion of the above-mentioned course interfered with the required hours of subjects necessary to permit Schools of Nursing to attain Class A status. Article 82, of Ministry of Education Ordinance No. 11 of 23 May 1947, implementing the School Education Law (No. 26 of 29 Mar 1947) abolishes this 200-hour teacher training course and no further instructions are deemed necessary by the Ministry of Education.

The above information should eliminate any further confliction on this point.

Nursing Law and Ordinance

The final draft of the new nursing Ordinance, now being prepared will furnish detailed requirements of the Class A schools of nursing. Copies will be distributed as soon as available.

Model Demonstration School of Nursing

The first in a series of regular monthly staff meetings to discuss hospital problems was held between the nurses, doctors and pharmacists. Mutual problems including the following topics were discussed:

1. X-ray department routine.
2. The need for a PRN nurse on night duty.
3. The limited working hours of the maids and orderlies.
4. Laundry problems.
5. Expanding the TB ward by taking over the "West Dormitory".
6. Nurses requested that all doctors sign their orders.
7. The nurses requested that all doctors make rounds at a regular convenient time.

8. The pharmacy requested that all emergency drug orders be written on a perscription blank.
9. The nurses requested the doctors to give all new patients a thorough examination to eliminate TB patients being placed on any but the TB ward.
10. The nurses requested a provision be established so patients would not have to carry their own charts to clinics.

Nursing School Improvements

The new nursery has been completed and in use; a new formula room has created much interest. Another TB wing is being opened, to meet the demand for additional beds.

Red Cross Volunteer Service is opening a day nursery from 2 - 5 p.m. daily to care for the younger children of women visitors to the hospital.

SECTION III

MEDICAL SERVICES DIVISION

The regular quarterly National Nutrition Survey for 1949 will begin 1 February. The prefectures, with few exceptions, have scheduled the Nutrition studies to be completed before the second week of the month. Tokyo-to Nutritionists have planned physical examinations from the first to the third of February and consumption studies from the third to the seventh.

SECTION IV

VETERINARY AFFAIRS DIVISION

Veterinary Biologics

Close attention is being given to those laboratories, both national, prefectural and commercial who are engaged in the production of biologics for animal use. Art. 54, of the Pharmaceutical Affairs Law (No. 197) gives competence to the Ministry of Agriculture and Forestry for the control and administration of biologicals intended only for animal use. The Biological Branch, Animal Hygiene Section in the Ministry of Agriculture and Forestry is now initiating a program whereby all manufacturers will receive periodical inspection. An assay laboratory has been established in the Nishigahara Laboratory in Tokyo. The Minister of Agriculture and Forestry has given authorization to Prefectural Governors to appoint inspectors either on a full or part time basis to supervise the enforcement of this Law.

Seafood Inspection

Plans are now being correlated with the Bureau of Fisheries, Natural Resources and the Ministry of Welfare to establish a seafood inspector in each Class A port. Final plans will be published upon completion.

Publication of a News Weekly

The Animal Hygiene Section, Ministry of Agriculture and Forestry is now publishing a news weekly covering interpretations of laws, general information and brief discussions on new diseases in animals as an aid to veterinary control activities.

Milk Inspection

The Veterinary Affairs Section, Ministry of Welfare, conducted sanitary inspections on the following dairy farms and milk plants during the month of November 1948.

Special Milk

Number of farms inspected	5
Samples examined	11
Over bacterial standards (50,000 per cc)	3
Under butterfat standards (3.3 percent)	0
Plant Inspections	16
Over bacterial standards (50,000 per cc)	4
Under butterfat standards (3.3 percent)	2

Ordinary Milk

Number of farms inspected	9,647
Samples examined	25,970
Over bacterial standards (2,000,000 per cc)	710
Under butterfat standards (3.0 percent)	888
Number of plant inspections	4,728
Over bacterial standards (2,000,000 per cc)	306
Under butterfat standards (3.0 percent)	419

Goat Milk

Number of farms inspected	43
Samples examined	45
Over bacterial standards (2,000,000 per cc)	8
Under butterfat standards (3.0 percent)	5

Milk Production

Milk produced on dairy farms during the month of November.

<u>Type of Milk</u>	<u>No. of Farms</u>	<u>No. of Cows & Goats</u>	<u>Amount Produced</u>
Special	8	130	26,271 lit.
Ordinary	54,525	102,367	16,762,782 lit.
Goat	4,208	6,053	343,442 lit.

Amount of milk bottled in milk plants during November.

<u>Type of Milk</u>	<u>No. of Plants</u>	<u>Raw Milk</u>	<u>Pasteurized</u>	<u>Sterilized</u>
Special	6	18,715 lit.	10,000 lit.	0
Ordinary	2,919	0	1,956,682 lit.	4,300,421 lit.
Total	2,925	18,715 lit.	1,966,682 lit.	4,300,421 lit.

All milk is bottled in bottles of 1 go representing 180 cc. A total of 34,865,555 bottles of milk was produced in November.

Meat Inspection November 1948

The following table represents the number of livestock slaughtered and meat and meat products inspected during the month of November 1948, submitted by the Veterinary Affairs Section, Ministry of Welfare.

	<u>Cattle</u>	<u>Calves</u>	<u>Horses</u>
Number slaughtered	22,611	1,054	6,410
Body Wt. (kgs)	8,011,396	104,155	1,956,156
Dressed Wt. (kgs)	3,900,027	51,092	993,884
Condemned Ante-mortem	2	0	1
Condemned Post-mortem			
Total	6	3	11
Partial	1,135	24	378
Viscera	3,822	85	777

	<u>Swine</u>	<u>Sheep</u>	<u>Goats</u>
Number slaughtered	22,160	29	268
Body Wt. (kgs)	1,883,143	1,396	7,772
Dressed Wt. (kgs)	1,130,737	642	3,521
Condemned Ante-mortem	1	0	0
Condemned Post-mortem			
Total	3	0	0
Partial	2,495	36	2
Viscera	6,409	5	7

Meat Processing Plants

Number of establishments	1,289
Number of establishments inspected	619
Sanitary condition	Good 83 Fair 466 Poor 70
Total number of inspections	2,952
Amount of meat & meat products examined	68,024 kgs
Amount of meat & meat products condemned	39 kgs
Cause for condemnation	Uncleanliness
Disposition	Animal Feed

Retail Meat Shops

Number of establishments	14,591
Number of establishments inspected	8,413
Sanitary condition	Good 2,298 Fair 4,843 Poor 1,246
Total number of inspections	10,397
Amount of meat & meat products examined	3,886,584 kgs
Amount of meat & meat products condemned	1,065 kgs
Cause for condemnation	Putrefaction & uncleanliness
Disposition	Animal feeds & fertilizers

Seafood Inspection

The Veterinary Affairs Section, Ministry of Welfare, conducted sanitary inspections on seafood establishments during the month of November 1948.

Wholesale Seafood Markets

Number of establishments	1,413
Number of establishments inspected	968
Sanitary condition	Good 165 Fair 627 Poor 178
Total number of inspections	2,890
Amount of seafood examined	30,604,926 kgs
Amount of seafood condemned	165,711 kgs
Cause for condemnation	Putrefaction-staleness
Disposition	Fertilizer

Seafood Processing Shops

Number of establishments	8,867
Number of establishments inspected	2,919
Sanitary Condition	Good 410 Fair 1,756 Poor 753
Total number of inspections	4,528
Amount of seafood examined	186,409 kgs
Amount of seafood condemned	83 kgs
Cause for condemnation	Uncleanliness & staleness
Disposition	Animal Feeds

Retail Seafood Shops

Number of establishments	43,378
Number of establishments inspected	17,016
Sanitary Condition	Good 2,583
	Fair 10,834
	Poor 3,599
Total number of inspections	18,640
Amount of seafood examined	1,125,046 kgs
Amount of seafood condemned	2,882 kgs
Cause for condemnation	Putrefaction, staleness uncleanliness
Disposition	Fertilizer-dried fish- animal feed

Food Sanitation

The Food Sanitation Section, Ministry of Welfare, reports the following sanitary inspection of food establishments during the month of November 1948.

Number of inspections	481,648
Establishments to be improved	59,687
Establishments making improvements	84,554
Number of samples collected for analysis	3,954
Number of administrative punishments	2,122

Animal Diseases

The Animal Hygiene Section, Ministry of Agriculture and Forestry, submitted the following report on the outbreak of animal diseases for the period 15-21 January, and for December 1948.

<u>Prefecture</u>	<u>Diseases</u>	<u>No. of Cases</u>
Miyagi	Swine Cholera	3
Shizuoka	Swine Erysipelas	1

The following outbreak of animal diseases occurred during the month of December 1948.

<u>Disease</u>	<u>November</u>	<u>December</u>
Anthrax	1	0
Blackleg	3	0
Swine cholera	1	2
Swine erysipelas	7	15
Swine plague	0	2
Rabies	1	4
Brucellosis	6	24
Trichomonas	94	106
Equine Infectious Abortion	5	2
Equine Infectious Anemia	68	37
Pullorum Disease, Fowl	7483	11779
Strangles	19	20
Texas Fever	0	1
Filariasis	1	0
Bovine Tuberculosis	163	124

SECTION V

SUPPLY DIVISION

Distribution

The first allocation of hexylresorcinol manufactured according to the recently adopted minimum standards is being made to all prefectures. This allocation is based on the anticipated production during the allocation period,

January/February/March. Since this is the first time this item is being distributed, firm figures are difficult to establish. The "allowable quantity" column below is the amount for which tickets will be cut and then, should production permit, prefectures may make additional allocations totaling the quantities in the "allocation quantity" column. The Ministry of Welfare will notify prefectures if the additional quantities are available for distribution.

HEXYLPRESORCINOL ALLOCATED FOR JAN/FEB/MAR

<u>Prefecture</u>	<u>Allocation Quantity</u>	<u>Allowable Quantity</u>
Hokkaido	700,000	700,000
Aomori	210,000	210,000
Iwate	240,000	240,000
Miyagi	330,000	330,000
Akita	230,000	230,000
Yamagata	240,000	240,000
Fukushima	380,000	380,000
Ibaraki	410,000	270,000
Tochigi	300,000	200,000
Gumma	310,000	210,000
Saitama	400,000	200,000
Chiba	450,000	230,000
Tokyo	1,660,000	830,000
Kanagawa	530,000	270,000
Niigata	490,000	330,000
Toyama	200,000	130,000
Ishikawa	230,000	150,000
Fukui	150,000	100,000
Yamanashi	170,000	110,000
Nagano	430,000	290,000
Gifu	330,000	220,000
Shizuoka	480,000	320,000
Aichi	860,000	570,000
Mie	340,000	230,000
Shiga	170,000	110,000
Kyoto	490,000	250,000
Osaka	1,170,000	590,000
Hyogo	710,000	360,000
Nara	230,000	120,000
Wakayama	210,000	140,000
Tottori	120,000	80,000
Shimane	190,000	130,000
Okayama	390,000	260,000
Hiroshima	490,000	330,000
Yamaguchi	330,000	220,000
Tokushima	190,000	190,000
Kagawa	170,000	170,000
Ehime	300,000	300,000
Kochi	180,000	180,000
Fukuoka	760,000	510,000
Saga	210,000	210,000
Nagasaki	290,000	290,000
Kumamoto	400,000	400,000
Oita	280,000	280,000
Miyazaki	190,000	190,000
Kagoshima	410,000	410,000
TOTAL	18,000,000 Pills	12,710,000 Pills

During the period 9-15 January, 655 dusters and sprayers were distributed to ten prefectures as follows:

<u>Prefecture</u>	<u>DDT Duster</u>	<u>Knapsack Sprayer</u>	<u>Semi Auto- matic Sprayer</u>	<u>Hand Sprayer</u>	<u>Engine Sprayer</u>
Gifu		20			
Aichi				200	
Mie		100			
Kyoto				50	
Osaka		70			
Wakayama					5
Ehime	50				
Fukuoka			50		
Kagoshima		100			
Nagoya		10			
Totals	<u>50</u>	<u>300</u>	<u>50</u>	<u>250</u>	<u>5</u>

Production

A total of 3,572 pieces of the various types of DDT dusting and spraying equipment for insect control programs was produced during the period 9 - 15 January.

During the period 9 - 15 January, 100 lbs. of 10% DDT dust were distributed. At the same time, 65,000 lbs. of 10% DDT dust and 12,500 gallons of 5% DDT residual effect spray were received, leaving inventory stocks on hand in regional warehouses of the Ministry of Welfare and manufacturers of 3,166,865 lbs. of 10% DDT dust and 614,406 gallons of 5% DDT spray.

A special allocation of 3,000 metric tons of cement for the repair of public wells and drainage ditches was approved in January for the Ministry of Welfare. Allocation tickets have been mailed to prefectural sanitation departments. Inclosure No. 4 furnishes detailed breakdown of prefectural requirements and prefectural allocations of the cement. Further special allocations for this purpose will be announced in future issues of this Weekly Bulletin.

Inclosure No. 5 furnishes detailed breakdown, by districts and prefectures, of allocations of cement, for January, February and March, for use in expansion, repair and rehabilitation of the medical and pharmaceutical supply factories.

SECTION VI

NARCOTIC CONTROL DIVISION

Inadequate Sentences

A recent Military Government Team Monthly Activity Report commented on the inadequate sentence of a small fine relative to a narcotic law violator. Reports indicate that throughout Japan there are many instance where the punishment does not fit the crime. Improvements can be made by educating procurators to demand and the judges to impose sentences commensurate with the violations committed.

Public Health and Welfare Section is endeavoring to solve this problem through the Attorney General's Office of the Japanese Government and suggests that Military Government personnel take advantage of available opportunities to bring to the attention of prefectural procurators and judges the following facts:

- a. In many instances the punishment is not adequate to the crime committed in that the penal servitude meted the defendant is abrogated by a suspension of the sentence or the fine imposed is too small.
- b. In a number of instances the violators have retained a profit accrued from the violation even after payment of a fine.
- c. When a defendant warrants a sentence of "guilty" he should be given either penal servitude, a fine comparable to a term of penal servitude, or both. (Ex. If a violation warrants a sentence of three months penal servitude

and it is abrogated by extenuating circumstances to a fine, the amount of the fine imposed should not justly be less than 50% of the amount of money the defendant would be able to earn during that three month period).

d. In no instance should the violator be able to show a monetary profit from his violation after being "fined".

e. Violators and prospective violators will not be forced to follow the "straight and narrow" until adequate sentences for such violations are imposed by the Courts.

f. The Japanese Government can well use all "fines" imposed upon law violators to help budget problems and at the same time decrease law enforcement costs by thus decreasing the number of violations.

SECTION VII

WELFARE DIVISION

Community Chest - Japanese Red Cross Joint Fund Campaign

The most recent report covering the progress of the Community Chest - Japanese Red Cross "Joint Fund" Campaign reflects a total of ¥ 1,036,079,666.34 raised (collections and pledges) towards the national goal of ¥1,175,450,000.00 or 88.2% of quota.

Prefectural reports are current, except for 15 prefectures, with a total of 24 prefectures having reached or exceeded their goals. The statistics given below, sets forth the prefectural progress of the "Joint Fund" campaign, as of 20 January.

<u>Prefecture</u>	<u>Goal</u>	<u>Amount Collected</u>	<u>Date Reported</u>	<u>Per Cent</u>
Hokkaido	70,000,000.00	68,475,122.00	10 Jan.	97.9%
Aomori	11,000,000.00	11,000,000.00	25 Nov.	100.0
Iwate	17,000,000.00	17,023,964.00	1 Dec.	100.2
Miyagi	16,000,000.00	12,000,000.00	15 Nov.	75.0
Akita	10,000,000.00	10,346,656.20	27 Dec.	103.5
Yamagata	20,000,000.00	20,250,361.81	31 Dec.	101.3
Fukushima	20,000,000.00	21,535,590.93	25 Dec.	107.7
Ibaraki	15,000,000.00	14,658,909.87	13 Dec.	97.7
Tochigi	21,000,000.00	21,078,040.68	10 Jan.	100.4
Gumma	12,000,000.00	10,104,876.00	10 Jan.	90.7
Saitama	16,000,000.00	17,740,608.00	31 Dec.	110.9
Chiba	25,000,000.00	18,102,470.61	31 Dec.	72.4
Tokyo	80,000,000.00	56,569,266.32	31 Dec.	70.8
Kanagawa	70,000,000.00	48,605,061.43	31 Dec.	69.4
Niigata	29,000,000.00	29,546,478.58	20 Dec.	101.9
Toyama	13,000,000.00	13,074,745.68	21 Dec.	100.7
Ishikawa	13,000,000.00	11,485,360.00	22 Dec.	88.3
Fukui	13,000,000.00	14,562,236.21	11 Jan.	112.0
Yamanashi	9,450,000.00	9,451,958.00	15 Nov.	100.0
Nagano	30,000,000.00	28,476,771.87	31 Dec.	95.0
Gifu	20,000,000.00	20,566,563.31	15 Nov.	102.9
Shizuoka	20,000,000.00	20,819,871.41	31 Dec.	104.1
Aichi	66,000,000.00	68,603,260.42	15 Jan.	104.0
Mie	20,000,000.00	20,282,137.84	25 Dec.	101.4
Shiga	11,000,000.00	11,013,437.04	18 Dec.	100.1
Kyoto	50,000,000.00	27,308,313.00	12 Jan.	54.6
Osaka	85,000,000.00	74,307,394.00	13 Jan.	87.4
Hyogo	60,000,000.00	47,136,451.00	10 Jan.	78.5
Nara	12,000,000.00	12,000,128.69	5 Dec.	100.0
Wakayama	9,500,000.00	8,757,005.00	14 Nov.	92.1
Tottori	9,000,000.00	5,943,650.00	27 Dec.	66.0
Shimane	10,000,000.00	9,731,985.15	1 Jan.	97.3
Okayama	21,000,000.00	20,231,032.56	29 Dec.	96.4

Cont'd.

Cont'd.

<u>Prefecture</u>	<u>Goal</u>	<u>Amount Collected</u>	<u>Date Reported</u>	<u>Per Cent</u>
Hiroshima	30,000,000.00	30,000,000.00	31 Dec.	100.0
Yamaguchi	26,000,000.00	20,000,000.00	22 Dec.	77.0
Tokushima	15,000,000.00	10,945,012.00	25 Dec.	73.0
Kagawa	14,000,000.00	14,000,000.00	22 Dec.	100.0
Ehime	25,000,000.00	21,880,577.57	10 Jan.	87.5
Kochi	13,000,000.00	11,387,568.00	28 Dec.	87.6
Fukuoka	50,000,000.00	51,787,751.63	7 Jan.	103.5
Saga	12,500,000.00	12,500,000.00	31 Oct.	100.0
Nagasaki	20,000,000.00	8,669,920.00	31 Dec.	43.3
Kumamoto	21,000,000.00	21,155,144.00	31 Dec.	100.7
Oita	18,000,000.00	18,534,024.00	10 Jan.	103.0
Miyazaki	10,000,000.00	11,407,048.60	17 Dec.	114.1
Kagoshima	17,000,000.00	13,642,740.00	28 Dec.	80.3
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TOTAL	1,175,450,000.00	1,036,079,666.34		88.2%

Child Welfare - Minimum Standards

Weekly Bulletin #107 refers to Kosei-sho-rei #64 as being in three parts. Kosei-sho-rei #64 consists of the standards and amendments thereto. The general instructions which were included are "The Enforcement of Minimum Standards of Child Welfare Agencies", Hatsu-ji #67, dated 29 December 1948.

Foster Day-Care

The attached instructions (Inclosure No. 6) concerning foster day-care, Ji-hatsu #2 dated 20 January 1949, are a continuation of Ji-hatsu #50, "Functioning of Family Care", which was attached to Weekly Bulletin #95.

SECTION VIII

SOCIAL SECURITY DIVISION

Appeals Reporting

Prefectural social insurance referees and National Health Insurance Appeals Boards are required to make monthly reports of the decisions they have rendered. The Ministry of Welfare summarizes the reports each month for SCAP. The National Health Insurance Appeals Boards have made no reports and the reports of the prefectural referees have been tardy and grossly inadequate. Frequently it is difficult to determine definitely, from a report, even the exact question raised by the appeal.

Prefectural officials should report not only the subject of the appeal but the reasoning advanced by both the claimant and the insurance office, the specific decision of the referee or Appeals Board and the justification upon which such decision is based. It is suggested that Welfare Officers supplement the efforts of Ministry of Welfare officials in educating prefectural referees and Appeals Board officials as to the elements essential to a report which will permit an intelligent analysis.

One basic factor which would contribute greatly to the proper functioning of an appeals system would be a recognition by the referees of the true importance of adequate and efficient procedures for appeals and fair hearings.

It has been almost uniformly demonstrated by the referees that they consider their responsibilities as referee secondary to their assumed position as "first assistant" to the chief of the prefectural insurance section. As a consequence, the appeals activities are given only such attention as the official can "spare" from his other activities. Great emphasis should be placed on the need for correcting this attitude.

Proper application of the referee to his duties in conducting hearings and, particularly at this time, in publicizing the existence of appeals facilities will leave him no time to engage in other pursuits.

Above all, failure of the referee to divorce himself from the general administration of the social insurances is a complete contradiction of the fundamental principle that the referee cannot conduct a fair hearing on an appeal from an original demonstration with which he was in any degree identified.

The concept of a fair hearing in connection with the social insurance programs in Japan existed only on paper prior to the Occupation. The efforts to make such an institution a reality will be fruitless so long as the officials responsible for its operation continue to give only lip service and lack an appreciation of the objectives contemplated.

Social Insurance Statistics

Government Pension Benefits:

Reference is made to Public Health and Welfare Weekly Bulletin No. 100 for a summary of the Government Pension System (Onkyu) and benefit data for the first eight months of the calendar year 1948.

Inclosure No. 7 shows comparable data for the month of September 1948. The average per-case amounts of "additional", invalidity, and survivors pensions show a marked increase in that month, in part, reflecting for the first time a recent liberalization in the benefit provisions which became effective in July 1948. 1/

1/ The delay is due to the quarterly, rather than monthly, certification of pensions due and payable.

SECTION IX

MEMORANDA TO THE JAPANESE GOVERNMENT

None.

Crawford F. Sams

CRAWFORD F. SAMS
Brigadier General, Medical Corps
Chief

8 Incls:

1. Rules for the Execution of Inoculations
2. Press Conference - Mother and Child Health Services Under the new Health Center System.
3. Press Conference - Medical Social Service in the Health Center.
4. Prefectural Cement Requirements and Allocations for Public Wells and Drainage Ditches.
5. Prefectural Cement Allocations for January, February, March, JFY 1948, for Medical and Pharmaceutical Factory Rehabilitation.
6. Foster Day Care Parent (Ji-Hatsu #2)
7. Social Insurance Statistics - Benefits Granted under the Government Pension System.
8. Weekly Report of Communicable and Venereal Diseases in Japan for week ended 15 January 1949.

No Restricted Annex included in this issue.

I. RULES FOR THE EXECUTION OF VACCINATION AGAINST SMALLPOX

1. Times for Vaccination

Regular vaccination shall be executed twice annually during spring and autumn.

2. Vaccine to be Used.

Vaccine that has passed official test under Welfare Ministry Ordinance, No. 32, Nov. 29, 1947, Regulation of Official Test of Biological Preparations, shall be used.

3. Means of Storage of Vaccine and Term of Validity.

The vaccine shall be kept below 10° C up to the day of use, and the term of validity shall be not more than 2 months from the date passed by official assay.

4. Quantity of Vaccine Used.

It is suggested that approximately 0.1 cc will be the quantity for 10 persons

5. General Matters to be Attended to by those Administering Vaccinations.

Special care shall be taken to observe politeness and to avoid rudeness to those being vaccinated. Even if in a hurry, the number vaccinated per hour by one physician shall not exceed 80.

6. Place of Vaccination.

The room provided for vaccination shall be clean and have adequate space and light, with provision for proper ventilation and temperature.

7. Preliminary Examination.

Prior to the vaccination a physical inspection, and if necessary, a physical examination shall be made.

8. Contraindications.

Those who come under one of the following headings may have their vaccination postponed:

- a. Those in a state of severe malnutrition.
- b. Those afflicted with contagious skin diseases.
- c. Those afflicted with severe diseases or feverish diseases.

However, if smallpox is prevalent, those exposed to infection shall not be excepted.

9. Vaccination of newly-born Babies.

If exposed to smallpox, newly-born babies may be vaccinated on the day of their birth.

10. Disinfection of Fingers.

Those performing vaccination shall disinfect their fingers beforehand.

11. Disinfection of the Instruments for Use in Vaccination.

The plate for vaccine and the vaccination knife or needle shall be sterile and dry. The vaccination knife or needle shall be reesterilized for every vaccination.

12. Putting the Vaccine on to the Plate for Vaccine.

After the plate for vaccine has dried and cooled, the entire contents of the capillary tube shall be placed on the plate and amply agitated and mixed.

13. Part of the Body to be Vaccinated.

Ordinarily, the vaccination site shall be on the lateral aspect of the upper arms. The 1st vaccination shall be done on the right side, and the 2nd, the 3rd and other vaccinations shall be done on the left. (Each of the vaccinations respectively under Art. 10, para. 1 No. 1, No. 2 and No. 3, of the Law shall be called the 1st, the 2nd and the 3rd regular vaccination)

The site for revaccination shall be removed from previous scars.

14. Disinfection of the Vaccination Site.

The vaccination site shall be free from compression of clothing, and shall be disinfected with acetone, ether or alcohol. If using alcohol, one should remove the surplus and wait perfect drying before vaccination.

In place of other disinfection, cleansing with soap and water will be satisfactory.

15. Method of Vaccination.

a. Multiple puncture method.

The part of the skin to be vaccinated will be stretched and the vaccine required will be applied. Holding the needle parallel to the skin, press the point firmly on the skin over an area approximately 3 to 5 mm diameter. This pressure will be made 10-15 times in primary vaccination and 15-20 times in others

Sufficient pressure should be applied to break the surface of the skin but not enough to cause bleeding.

b. Cut Method

The skin is disinfected and dried. It is then stretched and the vaccine is applied. A cut 5 mm. long is then made on the skin without causing bleeding. With the flat side of the knife the vaccine is rubbed in. If bleeding occurs, a new vaccination shall be done at another site. The cut on the skin shall be the cross cut. The distance between the cuts shall be 2 c.m.

16. Number of Sites for Vaccination.

With the multiple puncture method 1 location; with the 1st vaccination of the cut method 2 cuts; with other vaccinations of the cut method 4 cuts.

17. Inspection of Vaccination.

a. Results of Vaccination.

(1) Vaccinia.

"Vaccinia" is defined as follows: A reaction in which the site shows a typical umbilicated vesicle or pustule by inspection on the 6th to 8th day after vaccination.

(2) Vaccinoid.

"Vaccinoid" is defined as follows: A reaction in which the site shows a papule or nodule with infiltration by inspection on the 6th to 8th day after vaccination.

(3) Immune Reaction.

"Immune reaction" is defined as follows: A reaction in which the site shows redness with a papule or swelling by inspection on the 2nd or 3rd day after vaccination.

(4) Results not covered by any of the above definitions will be called "Negative". (No take)

b. Re-vaccination.

If "negative", the individual shall be immediately re-vaccinated.

c. Cautions at the Time of Vaccination.

Vaccination shall be done in a well-illuminated chamber. The part vaccinated shall not be exposed to coldness, or to the warmth of a stove.

18. Cautions to the Vaccinated.

The operating physician or competent official shall instruct the vaccinated or their guardians on the following matters:

a. They shall take a bath before the vaccination and wear a clean undershirt.

b. After exposure of the part vaccinated, as it is for 10-15 minutes, the clothes shall be put on.

The vaccinated site shall not be exposed to the warmth of fire or the direct rays of the sun immediately following vaccination.

c. After vaccination, bandage is not to be applied to the part.

d. Taking a bath is prohibited only in the case of high fever and is permitted throughout, but rubbing and scratching of the part vaccinated shall be avoided.

19. Concurrent Inoculations.

Other inoculations may be done, as a matter of convenience, to the same person, on the same day as smallpox vaccination.

II. RULES FOR THE EXECUTION OF THE ANTI-DIPHTHERIA INOCULATION

1. Times for Inoculation.

Cities, towns and villages shall execute this inoculation twice annually during spring and autumn.

2. Toxoid to be Used.

This shall have passed the official test under Regulation of Official Test of Biological Preparations, Welfare Ministry Ordinance No. 32, Nov. 29, 1947.

3. Means of Storage of the Toxoid and its Term of Validity.

This toxoid shall be kept at 2° to 5° C, and its term of validity shall be not more than 2 years from the day when it has passed official test.

4. Quantity, Times and Intervals of the Inoculations.

a. For 6-12 months old babies and other initial immunizations, a first injection of 0.5 cc., a second injection of 1.0 cc. and a third injection of 1.0 cc. shall be given subcutaneously at intervals of 4 to 6 weeks.

b. For those being inoculated within 6 months of entrance to or graduation from primary schools, and other additional immunization, one injection of 1.0 cc. shall be given subcutaneously.

Additional Notice: Shick reaction and Molony reaction shall not be done generally.

5. General Cautions to be exercised by those performing the Inoculations.

Inoculations.

Inoculations shall be given politely, and special care shall be taken to avoid rudeness. Even if executed in haste, the number of inoculations given by one physician shall not exceed 150 persons per hour..

6. Place of Injection.

The room provided for inoculation shall be clean and have adequate light and space, with provision for proper ventilation and temperature.

7. Preliminary Examination.

Prior to inoculation, a physical inspection, and if necessary, a physical examination shall be made.

8. Contraindications.

Inoculations shall not be given to those with severe fever, heart-disease, or kidney disease, or with symptoms of status thymicolymphaticus.

9. Disinfection of Fingers.

Those performing inoculation shall disinfect their fingers beforehand.

10. Disinfection of the Instruments Used for Injection.

Syringes and hypodermic needles shall be sterilized before use, preferably by boiling in water. If this is impossible, sterilization in 5% phenol solution followed by rinsing in 0.5% phenol solution or sterilized water may be done. The sterilization of needles shall be done without fail prior to each inoculation.

11. Notices to Avoid Pollution of Toxoid.

Disinfection of stoppers, mouths of bottles, fingers, etc. shall be done completely, lest the toxoid should be polluted in opening or shutting the containers of toxoid or in drawing up in the syringes.

12. Disinfection of the Part to be Inoculated.

The part to be inoculated (generally the lateral aspect of the upper arm) shall be disinfected with tincture of iodine.

As the Anti-diphtheria inoculation is liable to suppurate, not only the disinfection of the part to be inoculated but all other procedures shall be carried out aseptically.

13. Shaking of Toxoid.

Prior to use, the alum toxoid container shall be well shaken to equalize the turbidity of the toxoid.

14. Cautions at the Time of Inoculation.

The point of the injection needle shall be inserted hypodermically (subcutaneously) and, after it has been ascertained by lightly drawing that the point of the needle has not been inserted into a blood vessel, the medicine shall be injected.

15. Accompanying Reactions of the Injection.

Sometimes after injection, reddening, swelling, pain of the injected part, or fever, etc. appear, but in 2 or 3 days they will usually disappear..

16. Concurrent Inoculations.

If convenient anti-diphtheria inoculation and another immunization may be carried out simultaneously for the same persons.

III. RULES FOR THE EXECUTION OF ANTI-TYPHOID FEVER AND ANTI-PARATYPHOID INOCULATIONS (TAB)

1. Time of the Execution

The regular preventive inoculations shall be executed annually from April to June.

2. Vaccine to be Used.

Only mixed anti-typhoid and anti-paratyphoid (TAB) vaccine which has received official approval as required by Regulation of Official Test of Biological Preparations, Welfare Ministry Ordinance, No. 32, Nov. 29, 1947, shall be used.

3. Means of Storage of the Vaccine and its Term of Validity.

The vaccine shall be kept at 2° to 5° C., and its term of validity shall be one year from the date of manufacture.

4. Quantity, Times and Interval of the Injection.

a. For initial immunization of adults, a first injection of 0.5 cc., a second of 1.0 cc. and a third of 1.0 cc. shall be given subcutaneously at intervals of five to ten days.

For school children seven-tenths of the above adult amount and for children under school age half of the above amount will be given.

To those with weak constitution and those who may have especially severe reaction by this vaccination, three intracutaneous injection of 0.1 cc. each shall be given at intervals of 5 - 10 days, taking special care not to inject the vaccine subcutaneously.

b. For re-immunization of adults, one subcutaneous injection of 1.0 cc. shall be given.

For re-immunization of children, the quantity of vaccine shall be reduced as for initial immunization.

For re-immunization of individuals with weak constitution or with specially severe reactions to this vaccine, one injection of 0.1 cc. shall be given intracutaneously.

5. General Caution to be exercised by those performing Inoculations.

Inoculations shall always be given politely, with care to avoid any appearance of rudeness. Even if in a hurry to execute, the number of persons inoculated per hour by one physician should be less than one hundred and fifty.

6. Place of Execution.

The room provided for inoculation shall be clean and have adequate light and space, with provision for proper ventilation and temperature.

7. Preliminary Inspection.

Prior to inoculation, a physical inspection and, if necessary, a physical examination shall be performed.

8. Contraindications.

Inoculations shall not be given to individuals with fever, with serious diseases of the heart, blood vessel system, kidney or other organs, to those suffering from tuberculosis, diabetes or beriberi, or to those with thymico lymphatic constitution, or to pregnant or maternity cases (excepting the pregnant up to 6th month).

9. Disinfection of Fingers.

Those giving inoculations shall disinfect their fingers beforehand.

10. Sterilization of the Instruments to be used for the Inoculation.

The syringe and its needle shall be sterilized, preferably by boiling in water, prior to each use. If this is not possible, the instruments may be sterilized in 5% phenol solution, and rinsed in 0.5% phenol solution or in sterile water. The sterilization of needles shall be done without fail before each inoculation.

11. Disinfection of the Inoculation Site.

The site of inoculation (ordinarily the lateral side of the upper arm) shall be disinfected with tincture of iodine or with alcohol.

Prior to use, the container of vaccine shall be shaken to equalize the turbidity of the vaccine.

13. Cautions at the Time of the Inoculation.

When the point of needle is inserted into skin, withdraw on the syringe slightly to make sure that the needle is not in a blood vessel, and then inject the vaccine.

14. Cautions after the Inoculation.

Those who have been inoculated shall, for the day of inoculation and the next day, keep quiet as far as possible and refrain from heavy work, bathing and drinking.

15. Accompanying Reactions of the Injection.

a. Local reaction.

Reddening, swelling and pain at the inoculation site may occur, but will usually disappear in 2 or 3 days.

b. Systemic reaction.

Sometimes chillness, fever, headache and general malaise may occur. Sometimes also giddiness, vomiting, diarrhea, stomach ache, lumbar or joint-ache, eruptions and others may develop, but these symptoms will usually disappear in 2 or 3 days.

IV. RULES FOR THE EXECUTION OF ANTI-TYPHUS INOCULATION.

1. Vaccine to be Used.

Anti-typhus vaccine that has been approved under Regulation of the Official Test of Manufacturing Biological Preparations, Welfare Ministry Ordinance, No. 32, Nov. 29, 1947, shall be used.

2. Means of Storage of the Vaccine and the Term of Validity.

The vaccine shall be kept at 2° to 5° C. and the term of validity shall be one year and six months from the day of sale.

3. Quantities, Time and Intervals between the Injections.

For initial immunization 2 injections of 1.0 cc. each shall be given subcutaneously at an interval of 7 - 10 days.

4. General Cautions to be exercised by those performing the Inoculations.

The inoculations shall be given politely, with special caution to avoid rudeness. Even if in a hurry, the number of persons inoculated per hour by one physician shall not be more than about 150.

5. Place for Inoculation.

The room provided for inoculations shall be clean, with adequate space and with provision for proper ventilation and temperature.

6. Preliminary Examination

Prior to inoculation a physical inspection and, if necessary, a physical examination shall be performed.

7. Contraindications.

Inoculations shall not be given to individuals with allergy against eggs, to feverish patients, to those with diseases of the heart, blood-vessel system, kidney or other internal organs, to those inflicted with diabetes or beriberi, to the convalescent, to those suspected of status thymicolymphaticus, to women after and before childbirth, (excepting pregnant women up to 6th month) or to infants less than 5 years old.

8. Disinfection of Fingers.

Those giving inoculations shall disinfect their fingers beforehand.

9. Sterilization of the Instruments used for Inoculation.

The syringes and needles shall be sterilized, preferably by boiling in water. If this is not possible, they may be sterilized in 5% phenol solution and rinsed in 0.5% phenol solution. Needles shall be re-sterilized prior to each inoculation.

10. Disinfection of the Inoculation Site.

The inoculation site (ordinarily the lateral aspect of the upper arm) shall be disinfected with tincture of iodine or with alcohol.

11. Shaking of the Vaccine.

Prior to use, without fail, the container of the vaccine shall be well shaken to equalize the turbidity of the vaccine.

12. Caution at the Time of Inoculation.

The point of the needle shall be inserted into the subcutaneous tissue and, after ascertaining that the point is not in a blood vessel, the vaccine shall be injected.

13. Cautions After the Inoculation.

The individuals inoculated shall keep quiet as far as practicable and refrain from violent movements, bathing, drinking, etc.

14. Accompanying Reactions of the Injection.

a. Local reactions:

After the inoculation, sometimes reddening, swelling, pain, etc., may occur, but will usually disappear in 2 or 3 days.

b. General reactions:

Chillness, fever, headache, general malaise, and occasionally, dizziness, vomiting, diarrhea, stomach-ache, waist-ache, joint-ache, eruption, etc., may occur, but these symptoms will disappear in 2 or 3 days.

V. RULES FOR THE EXECUTION OF ANTI-CHOLERA INOCULATION

1. Vaccine to be Used.

Only vaccines that have been approved under Regulation of the Official Test of Biological Preparations, Welfare Ministry Ordinance, No. 32, Nov. 29, 1947, shall be used.

2. Means of Storage of the Vaccine and its Term of Validity.

The vaccine shall be kept at 2° to 5° C., and the term of validity shall be one year from the day of its manufacture.

3. Quantity, Times, and Intervals of the Inoculations.

For adults, a first injection of 0.5 cc. and a second injection of 1.0 cc. shall be injected subcutaneously at an interval of 5 - 7 days generally.

For school children seven-tenths of the adult dose and for children under school age, one-half of the adult dose will be injected.

4. General Cautions to be exercised by those performing the Inoculations.

Inoculations shall be given politely, with special care to avoid rudeness. Even if in a hurry to execute, the number of persons inoculated by one physician per hour shall not be over 150 persons.

5. Place of Inoculation.

The room provided for inoculation shall be clean and have adequate light and space with provision for proper ventilation and temperature.

6. Preliminary examination.

Prior to inoculation, a physical inspection and, if necessary, a physical examination shall be performed.

7. Contraindications.

Inoculations shall not be given to individuals with fever, to those with diseases of the heart, blood-vessel system, kidney or other internal organs, to those with diabetes or beriberi, to the convalescent or to those suspected of status thymicolymphaticus, to women before or after childbirth (excepting pregnant women up to the 6th month) or to nurslings.

8. Disinfection of Fingers.

Those giving inoculations shall disinfect their fingers beforehand.

9. Sterilization of the Instruments used for the Inoculation.

The syringes and needles shall be sterilized, preferably by boiling in water, before use. If this is impossible, they may be sterilized in 5% phenol solution and then rinsed in 0.5% phenol solution or in sterile water. Needles shall be sterilized without fail for each inoculation.

10. Disinfection of the Inoculation Site.

The inoculation site (ordinarily the lateral aspect of the upper arm) shall be disinfected with tincture of iodine or with alcohol.

11. Shaking of Vaccine.

Prior to use, the vaccine shall be well shaken to equalize the turbidity.

12. Cautions at the Time of the Inoculation.

The point of the needle shall be inserted into the subcutaneous tissue and, after lightly drawing up to insure that the point has not been inserted into a blood vessel, the vaccine shall be injected.

13. Cautions after the Inoculation.

The individuals inoculated shall keep quiet as far as practicable, and refrain from violent movements, bathing, drinking, etc., for the day of inoculation and the following day.

14. Accompanying reactions.

a. Local reactions:

After the inoculation, sometimes reddening, pain, etc. may occur, but these will usually disappear in 2 or 3 days.

b. General reactions:

Sometimes chillness, fever, headache, or general malaise may occur, but these symptoms usually disappear in 2 or 3 days.

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

(#7 in a series on Reorganization of
the Health Center System in Japan

Press Conference
Preventive Medicine Division
8 January 1949

MOTHER AND CHILD HEALTH SERVICES UNDER THE NEW HEALTH CENTER SYSTEM

The premise that "the state and the local public bodies as well as the guardians of the children shall be responsible for their healthy growth both in mind and body" has been officially recognized by Japan. Proof of this recognition is found in article 2 of the Child Welfare Law (Law No. 164, effective 1 April 1948) from which the above quotation was taken.

The health centers located throughout the country are the local official agencies through which the Japanese government is fulfilling this responsibility. In so doing, the foundation is being laid upon which to build a greater Japan.

The maternal services in the health centers play an important part in influencing the maternal death rate. The infant death rate has been much less favorable than the maternal death rate, the rate being consistently more than two times that of the principal western nations.

Out of every 1000 infants born alive in 1947, more than 76 died in less than 12 months after birth. Most of these deaths were due to intestinal disturbances, the majority of which could have been prevented by proper care and feeding. Every effort is being made to see that proper food is available. In this connection it is necessary that mothers understand what foods are proper and how to preserve and prepare them in the home. It is here that the nutrition service of the health center renders valuable aid.

Other health center services benefiting children include:

Proper public health care and guidance for mothers. In this way unfavorable factors influencing the unborn children may be corrected or prevented thus insuring the birth of healthy and well-developed infants. Such infants have a much better chance of survival.

The health centers offer a complete pre-natal health service in cooperation with the midwife or physician who will attend the mother at delivery. This service includes the necessary examinations, clinical and laboratory tests, health advice and supervision concerning diets, living habits, etc. Danger signs are indicated and necessary corrective or preventive measures are taken.

After delivery the mother again reports to the health center for a checkup examination. At the same visit she is urged to bring the baby to the health center "well-baby clinic". This health center clinic provides the necessary health care and supervision during the first year of the child's life.

Periodic examinations of the infant are made and advice is given to the mother concerning the feeding, bathing, clothing and other health care. Where conditions requiring treatment or other corrective measures are found, treatment is either instituted in the health center or the parent is referred to a private physician or appropriate health or welfare agency. In either case it is the function of the health center to see that the child receives proper health care.

During these visits arrangements are made for the necessary preventive vaccinations, such as smallpox, diphtheria, whooping cough and BCG. These may be given at the time of the visit to the health center or during a scheduled vaccination period.

The health center pre-school clinic continues the health supervision of children from the end of the first year until such time as they enter school. Visits to this clinic may be at less frequent intervals unless abnormalities exist, in which case the number of visits are governed by necessity. Preventive vaccination procedures are carried out during this period in accordance with the Preventive Vaccination Law. Special attention is given to detecting and correcting abnormalities in connection with the development of the special senses, such as sight and hearing, as well as the body as a whole. The mother is offered aid in correcting behavior problems. Tests for tuberculosis are made and BCG immunizations are given as indicated.

In addition to these specific services, the public health nurses make home visits providing a necessary aid and health supervision for the mother and child. These are routine in cases of pre-natal and infant cases.

The medical social service worker is available to advise on financial and social problems. This person also advises and assists in the accomplishment of any special arrangements which may be necessary in the provisions of complete health service.

In brief, the health center endeavors to provide all necessary facilities and services for complete health supervision to mother and child. This includes coordination of the services within the health center and liaison between the health center and other medical and social agencies outside the health center. In this way the solution of health and welfare problems involving agencies other than the health center is assured.

It is emphasized that the primary function of health centers is public health administration. The health center makes every effort to provide complete health services by coordinating the activities of the health center itself with those agencies outside the health center to the end that the individual will receive the maximum benefits of the public health program.

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

(#8 in a series of Reorganization
of the Health Center System in Japan)

Press Conference
Preventive Medicine Division
24 January 1949

MEDICAL SOCIAL SERVICE IN THE HEALTH CENTER

Emotional and environmental conditions have a profound influence upon the course of a person's illness and his response to medical care. It is now generally recognized by health authorities the world over that medical treatment alone very often does not offer a complete solution to a specific medical problem. For this reason a modern health service must take into consideration all factors which have an influence on the patient's ability to respond to treatment. An example of such unfavorable environmental factors are worries about one's family, one's job or financial matters. Such factors often directly influence one's illness by retarding or even preventing a normal recovery.

In many instances the patient's greatest need is information and advice as to where to go, whom to see and what to do in order to secure the aid for which he is eligible. Information and advice concerning welfare organizations and/or other social agencies available in the community and assurance that such organizations exist for his benefit often spell the difference between sickness and health.

Medical Social Service is the term used to describe the service in the health center which has been developed to aid both the patient and the physician in solving the many complex social and economic problems influencing the patient's response to medical treatment. This is an important but heretofore neglected public health function.

Each person charged with the responsibility for the execution of the Health Center's medical social service program is known as a Medical Social Worker. These persons are members of a public health "team" which includes doctors, public health nurses, nutritionists, laboratory technicians, statisticians, clerks, and many other personnel of the health center, all working together toward a common goal - improvement of the general public health.

The medical social worker is a professional worker working in a medical setting. He or she should have broad basic knowledge concerning health and welfare matters with special training and experience in medical social work.

He or she should be a person who is endowed with the personal qualities of warm and sincere friendliness, tolerance, intelligence, sympathetic understanding, and a desire to be of help to others.

In the execution of this program the medical social worker discharges his or her responsibility through private confidential consultations, either in the health center or in the home of the patient. The Medical Social Worker endeavors:

1. To help the patient and his family understand their medical and social problems and the underlying reasons for them.
2. To secure an understanding of the patient and his situation which will be useful to the physician, the public health nurse and others concerned with the management of his particular case.
3. To help plan and carry through a program of medical care best suited to the individual's needs.
4. To aid the patient and his family in utilizing the resources of Medical and of Welfare organizations available to them by referral to the proper agency directly, or indirectly through the Minsei-in.
5. To be of assistance to the patient in securing financial aid for needed medical treatment and other miscellaneous expenses through the provisions of the Daily Life Security Law and the Social Insurance programs. No person need hesitate to seek medical and dental care offered by the health center because of his seeming inability to pay.
6. To be of assistance to the family members of the patient in their adjustment to new and possibly somewhat abnormal living conditions.
7. To assist the patient in every way possible to achieve complete recovery and rehabilitation through a well-planned follow-up program.

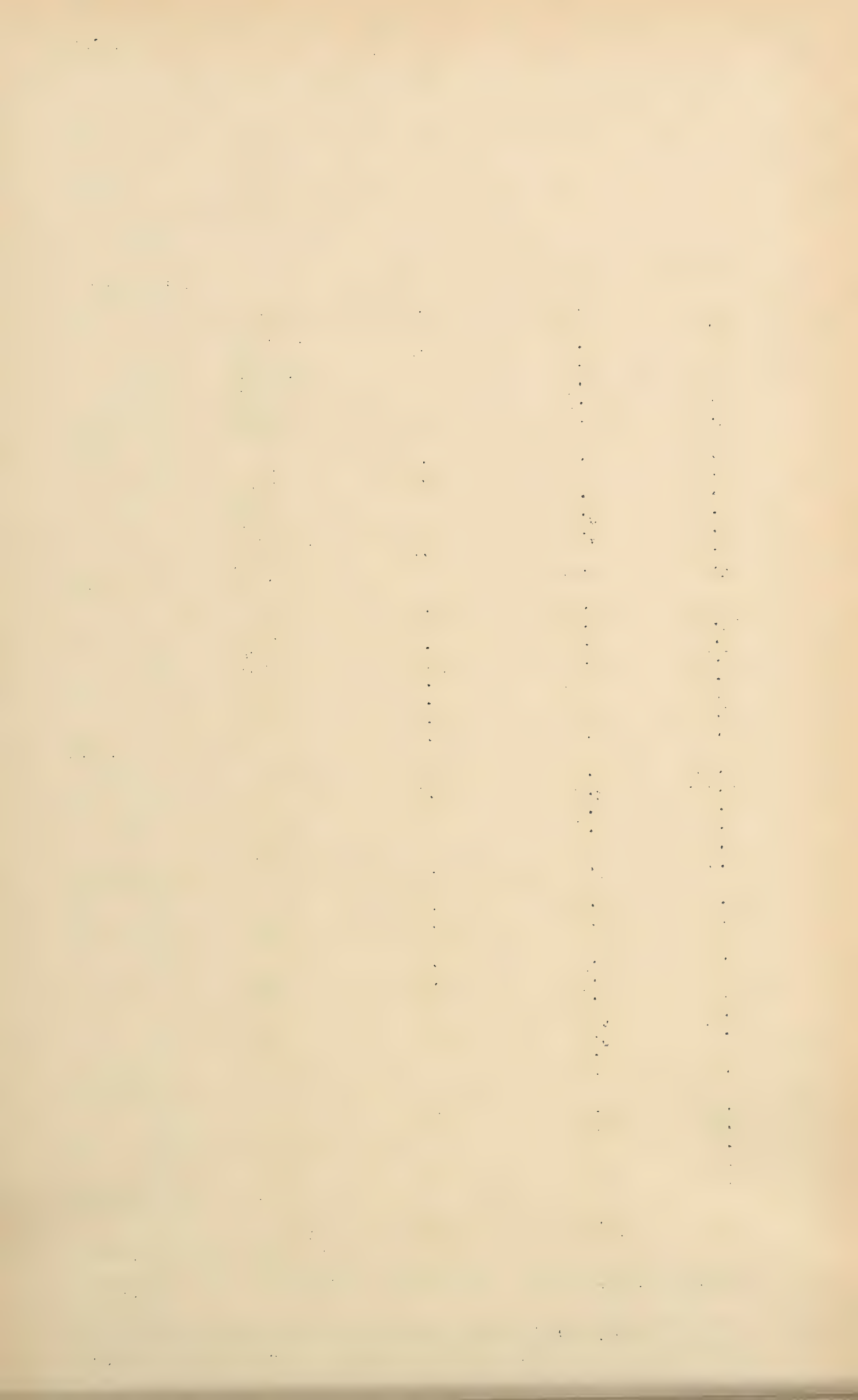
Thus, the Medical Social Service Division of the Health Center, offers a service to the people of Japan designed to mitigate the emotional and financial worries co-existent with grave illness; a service conducted by the medical social worker through a program of complete information, intelligent and sincere counsel, expert judgement, sound advice and tangible aid.

Prefectural Cement Requirements and Allocations for Public Wells and Drainage Ditches.

<u>Prefecture</u>	<u>Amount Required</u>	<u>Amount Distributed</u>
Hokkaido	90	90
Aomori	17	17
Iwate	53	53
Miyagi	8	8
Akita	111	111
Yamagata	10	10
Fukushima	53	53
Ibaraki	22	5
Tochigi	9	9
Gumma	26	26
Saitama	45	445
Chiba	8	3
Tokyo	112	-
Kanagawa	40	40
Yamanashi	120	120
Nagano	28	28
Niigata	248	47
Gifu	22	72
Shizuoka	20	30
Aichi	135	45
Mie	95	53
Ishikawa	48	48
Toyama	13	13
Fukui	200	158
Shiga	13	23
Kyoto	75	85
Osaka	195	245
Hyogo	230	140
Nara	43	53
Wakayama	16	26
Tottori	34	44
Shimane	55	65
Okayama	41	41
Hiroshima	180	190
Yamaguchi	77	79
Tokushima	2	19
Kagawa	70	70
Ehime	4	4
Kochi	2	2
Fukuoka	87	87
Saga	76	76
Nagasaki	87	87
Kumamoto	45	45
Oita	41	41
Miyazaki	34	34
Kagoshima	60	60
Grand totals	3,000 metric tons	3,000 metric tons

Prefectural Cement Allocations for January, February, March, JFY 1948
for Medical and Pharmaceutical Factory Rehabilitation.

<u>District</u>	<u>Prefecture</u>	<u>For Building</u>	<u>For Facilities</u>	<u>Total</u>
Hokkaido	Hokkaido	<u>15.5</u>	<u>17.5</u>	<u>33</u>
	Total	15.5	17.5	33
Tohoku	Iwate		5.0	5.0
	Miyagi	4.5	5.0	9.5
	Yamagata		21.0	21.0
	Fukushima		<u>8.0</u>	<u>8.0</u>
	Total	<u>4.5</u>	<u>39.0</u>	<u>43.5</u>
Kanto-Shinetsu	Ibaraki		7.2	7.2
	Tochigi		1.8	1.8
	Gumma	4.3	<u>3.0</u>	<u>7.3</u>
	Saitama	12.0	<u>7.0</u>	<u>19.0</u>
	Chiba		1.2	1.2
	Tokyo	170.1	176.85	346.95
	Kanagawa	19.5	7.5	27.0
	Niigata	3.5	3.0	6.5
	Nagano	<u>1.0</u>	<u>5.2</u>	<u>6.2</u>
	Total	<u>210.4</u>	<u>212.75</u>	<u>423.15</u>
Tokai-Hokuriku	Toyama	20.7	42.0	62.7
	Ishikawa		1.2	1.2
	Gifu		2.5	2.5
	Shizuoka	20.0	7.8	27.8
	Aichi	<u>4.4</u>	<u>23.5</u>	<u>27.9</u>
	Total	<u>45.1</u>	<u>77.0</u>	<u>122.1</u>
Kinki	Mie	0.1	4.5	4.6
	Shiga	8.0	1.0	9.0
	Kyoto	10.0	16.7	26.7
	Osaka	54.1	157.0	211.1
	Hyogo	0.15	25.8	25.95
	Nara	10.5	20.0	30.5
	Wakayama		<u>2.5</u>	<u>2.5</u>
	Total	<u>82.85</u>	<u>227.5</u>	<u>310.35</u>
Shikoku	Hiroshima		14.0	14.0
	Yamaguchi	54.5		54.5
	Tokushima	2.4	0.5	2.9
	Kagawa		<u>7.0</u>	<u>7.0</u>
	Ehime		10.0	10.0
	Kochi	<u>0.5</u>		<u>0.5</u>
	Total	<u>57.4</u>	<u>31.5</u>	<u>88.9</u>
Kyushu	Fukuoka	46.5	82.0	128.5
	Saga		3.0	3.0
	Nagasaki		1.0	1.0
	Kumamoto		8.5	8.5
	Oita	2.5	5.0	7.5
	Miyazaki		<u>0.5</u>	<u>0.5</u>
	Total	<u>49.0</u>	<u>100.0</u>	<u>149.0</u>
Grand total		464.75	705.25	1,170.0



This regulation (XI. Foster day care parent)
is to be inserted after X. Expense of
chapter 1, the Foster Parent of the Child
Welfare Law, Function of Family Care.

XI. Foster day care parent;

(1) Foster day care parent is a foster parent who gives the daily care for the infant or preschool child etc. during the daytime.

(2) Although the provisions of Chapter 1 shall be generally applied with the foster day care parent, they may be fairly simplified to meet the local situations. The following matters, however, shall be complied with.

(A) Conditions of approval for the foster day care parent:

- a) The total number of the infant or preschool children a foster day care parent may receive at a time shall not as a rule exceed 2 or 3, provided that it shall never be over two in case of infants only.

(B) Placement:

- a) Especially the child welfare worker and the child welfare official shall make the intermediary service in utilizing the foster day care parents keeping liaison with the Child Welfare Center.
- b) The foster day care parent for the infant or preschool children shall be selected not only a suitable one but also one near enough the child's home.
- c) More than two children may be placed with a foster day care parent by a simultaneous measure.
- d) The governor of Metropolis, Hokkaido or the prefecture may preferably delegate all the power of the placement with the head of the Child Welfare Center.

(C) Care:

- a) Foster parent must keep always close attention over the health and prevention of diseases and injuries of the infant or preschool child in her charge and in case of any trouble an immediate touch shall be made in order to take up the necessary treatment.
- b) Foster parent shall try to meet the need of the infant or preschool child in her charge as best as possible regarding the hours of care, giving the lunch or not, contents of the care etc. after discussing with the child's guardian.

(D) Guidance:

- a) The home visitor shall not only keep attention over the contents of the care, but also give assistance and advice as an intermediate between the foster parent and the child's guardian so that adequate care may be carried out.

(E) Expense:

Expense at cost necessary for play materials etc. may be paid for the foster day care parent who takes care of children.

SOCIAL INSURANCE STATISTICS

Benefits Granted Under the Government Pension System (Onkyu), Calendar Year 1948, by Month a/

September 1948

		Cases	Amount	
			Total ¥	Per Case ¥
A. Lump-sum Grants				
1.	Retirement allowance <u>b/</u>	906	582,496	643
2.	Invalidity allowance <u>c/</u>	660	543,577	824
3.	Survivors' allowance <u>d/</u>	142	98,172	691
B. Pensions <u>e/</u>				
1.	Ordinary pension <u>f/</u>	7,265	2,019,830	278
2.	Additional pension <u>g/ i/</u>	3,147	662,469	211
3.	Invalidity pension <u>h/ i/</u>	3	625	208
4.	Survivors' pension <u>i/ i/</u>	2,483	1,308,815	527

Footnotes:

a/ Source: Savings Bureau, Ministry of Communications. In contrast to other social insurance statistics Government Pension statistics are kept on a calendar rather than fiscal year basis. All data given are based on reports from the post offices in all parts of Japan on benefits actually paid in the month concerned. The number and amounts certified during the month are not reported.

b/ One-time lump-sum allowances paid to public servants of "official" rank who retire after at least three years of service but prior to qualifying for a pension. The allowance amounts to the annual salary at retirement multiplied by the number of years of service.

c/ One-time lump-sum allowances paid to disabled ex-servicemen whose degree of disability does not entitle them to an "additional pension" (see below). The amount payable varies from 10 - 100 times the salary attached to his former rank, as per schedule.

d/ One-time lump-sum allowances paid to surviving dependents of a public official who dies after at least three years of service but prior to qualifying for a pension; also allowances paid to survivors of an official with more than 17 years' service (12 years for police and prison officials) or in receipt of an ordinary pension who died without leaving any survivors who could qualify for a survivors' pension. The amount of the allowance payable on the first count is equivalent of the deceased official's monthly salary at time of death multiplied by the number of years of service. In the other cases it is a multiple of the annual pension which was or would have been payable.

e/ All pensions are payable in four quarterly installments. However, beneficiaries are in a habit of letting them accumulate at the post offices where they are paid until more than one installment has become due. The "amount per case" figure shown, therefore, is not the annual amount. In order to estimate the average annual pension benefit, the average per-case figure should be multiplied by 2.5 (as most beneficiaries are reported to claim their pension only 2 - 3 times a year rather than each quarter.)

f/ Payable to officials retiring after 17 years' service (12 years for police and prison officials) and those retiring at any time owing to service-connected injuries entitling them to an "additional pension"

(see below). The basic amount of the pension is one-third the basic salary paid at the time of retirement. This amount is increased by 0.67 percent of that salary for each year's service in excess of 17 (12) up to a total of 40 years' service. There are certain differences in computing additional amounts for special classes of officials.

g/ Payable to officials including ex-servicemen of comparable rank retiring for severe service-connected invalidity. Since the "ordinary pension" is payable in all such cases, payment of the "additional pension" is cumulative; hence, the name. Since July 1948, additional dependents' benefits are paid as part of the pension. The basic annual amount varies according to schedule from 15 to 69 percent of the annual salary at the time of retirement.

h/ Payable to officials retiring on account of service-connected disability not severe enough to qualify them for an "additional pension". It may or may not be paid with an "ordinary pension" or lump-sum allowance. Since July 1948, additional dependents' benefits are paid as part of the pension. The basic amount varies according to rank at retirement and the degree of the disability from 10 - 20 percent of annual salary. When paid with the "ordinary pension", it is reduced by 15 percent.

i/ Payable to the surviving dependents of officials who died in service after 17 years (12 years for police and prison officials) or while in receipt of an ordinary pension or, regardless of length of service of the deceased, whose death was due to a service-connected cause, or who were in receipt of an "additional pension" (see above). The pension is increased by a dependency allowance in view of dependents of the survivor drawing the pension. The basic amount is one-half of the ordinary pension or, in cases of service-connected death or death of an official pensioned for service-connected invalidity, is determined according to a variety of schedules annexed to the law.

j/ The additional amount paid in regard of dependents is a flat ¥2400 per dependent per year. In the case of ex-servicemen it is limited to ¥7200 per pensioner. This is due to the over-all limitation imposed by SCAPIN No. 338 of 24 November 1945 on all pensions to former military personnel. Restricted to work-disabling invalidity, they may be paid only at rates not higher than the lowest of those for comparable physical disability arising from non-military causes.

DIGEST OF WEEKLY REPORT OF COMMUNICABLE DISEASE
IN JAPAN FOR THE WEEK ENDED 15 JANUARY 1949

During the third week ended 15 January 1949 there were reported 12,071 cases of communicable disease compared with 9,164 cases in the preceding week. No report was received from Shimane Prefecture. From the reports received this week it is evident that the completeness of reporting communicable disease data has returned to the level from which it lapsed during the holiday season. However, as the reports last week were incomplete, it is not proper in many instances to resume noting either percentage comparisons with the preceding week or prefectural increases and decreases. On the other hand, comparisons of the figures for the third weeks of this year and the previous two years can be made with reasonable accuracy.

There were 5,782 tuberculosis cases reported this week compared with 4,551 in the preceding week. The current figure was 13 percent higher than that (5,115) for the same week of last year. The current and cumulative case rates were 377.0 and 323.9 respectively.

Measles cases this week numbered 1,191 compared with 1,082 previously. The current total was more than 30 percent higher than in the third week of 1948 (907). The current and cumulative case rates were 77.6 and 63.8 respectively.

Whooping cough reports showed 1,160 cases currently compared with 695 last week. The number of cases this week was 19 percent higher than the figure (978) for the third week of 1948. The current and cumulative case rates were 75.6 and 55.9 respectively.

There were 3,113 cases of pneumonia this week, and in the previous week there were 2,163 cases reported. The current number was one-third less than the total (4,742) for the corresponding period of last year. The current and cumulative case rates were 202.9 and 150.5 respectively.

Thirty-two cases of influenza were reported this week compared with 21 previously. The current figure was only one-fifth of the total (160) recorded in the same week of last year. Sixteen prefectures reported from 1 to 6 cases each and 29 prefectures had no cases. The current and cumulative case rates were 2.1 and 1.8 respectively.

There were 429 diphtheria cases and 45 deaths currently compared with 364 cases and 40 deaths last week. Current cases were 13 percent less than those (491) in the third week of last year and nearly 50 percent less than the number (806) in the corresponding period of 1947. The current and cumulative case rates were 28.0 and 23.2 respectively. The corresponding death rates were 2.9 and 2.7.

Thirty-two dysentery cases and 9 deaths occurred this week, and in the previous week there were reported 22 cases and 6 deaths. The current figure was higher than that (24) for the same week of last year but was 56 percent less than the corresponding 1947 total (72). Cases this week were distributed among 19 prefectures, each having from 1 to 7 cases. The current and cumulative case rates were 2.1 and 2.0 respectively. Corresponding death rates were 0.6 and 0.9.

Current typhoid fever cases and deaths numbered 85 and 11 respectively compared with 116 cases and 5 deaths in the preceding week. The total for this week was 64 percent of that (133) for the third week of 1948 and approximately one-fourth of the number (330) for the same period of 1947. There were 24 cases this week in Tokyo-to, from 1 to 9 cases each in 25 prefectures, and no cases in 19. The current and cumulative case rates were 5.5 and 6.5 respectively. Corresponding death rates were 0.7 and 0.6.

Paratyphoid fever cases (44) and deaths (1) did not change from last week. The number of cases was higher than the figure (35) for the corresponding 1948 week but 39 percent less than that (72) for the same period of 1947. Cases were distributed among 15 prefectures. Seventeen cases were reported in Tokyo-to, and the remaining 14 prefectures had from 1 to 6 cases each. The current and cumulative case rates were 2.9 and 2.7 respectively. Corresponding death rates were both 0.1.

No smallpox cases have occurred for four weeks and no deaths for 26 weeks. In the same week of last year there was one case and in the corresponding week of 1947 there were 15 cases.

Typhus fever cases numbered 6 this week compared with 8 in the preceding week. There have been no deaths for 6 weeks. Sixteen cases were reported in the third week of 1948 and 76 cases in the same period of 1947. Four prefectures (Fukushima, Tokyo-to, Wakayama and Okayama) had one case each this week, and Kanagawa Prefecture had 2 cases. The current and cumulative case rates were 0.4 and 0.5 respectively.

There was little change in malaria cases this week (20) from last week (19), and there were no deaths in either week. Current cases were 28 percent of the number (71) in the same week of last year and only 9 percent of the corresponding 1947 total (216). There were from 1 to 3 cases this week in each of 14 prefectures, and 31 prefectures had no cases. The current and cumulative case rates were 1.3 and 1.2 respectively. The cumulative death rates was less than 0.1.

No Japanese "B" encephalitis cases or deaths have been reported for four weeks. There were no cases in the third week of 1948, and there was one case in the corresponding week of 1947.

There were 150 cases of scarlet fever and 4 deaths compared with 67 cases and 2 deaths last week. Current cases were 72 percent greater than those (87) in the same week of last year and more than twice the number (70) in the corresponding 1947 week. Cases in Tokyo-to (59) accounted for nearly 40 percent of the total; Shiga Prefecture and Hokkaido had 16 and 13 cases respectively; 20 prefectures had from 1 to 9 cases each; and 22 prefectures reported that they had no cases. The current and cumulative case rates were 9.8 and 6.1 respectively. Corresponding death rates were 0.3 and 0.2.

Epidemic meningitis cases totalled 27 this week compared with 12 cases in the previous week. Deaths (5) were the same in both weeks. Current cases amounted to 60 percent of the corresponding 1948 figure (45) and 44 percent of the number (62) in the third week of 1947. Cases this week were distributed among 10 prefectures, each having from 1 to 6 cases. The current and cumulative case rates were 1.8 and 1.4 respectively. The corresponding death rates were 0.3 and 0.4.

There continued to be no cholera or plague.

The current and cumulative numbers of syphilis cases were 2,947 and 8,001 respectively; for gonorrhea, 3,068 and 7,745; and for chancroid, 554, and 1,408. All current totals were higher than in the preceding week when there were reported 2,635 cases of syphilis, 2,391 cases of gonorrhea, and 472 cases of chancroid. The current number of syphilis cases was 12 percent less than in the third week of last year (3,364). The totals for gonorrhea (4,330) and chancroid (766) in the same period of last year were also higher than the current figures. The current and cumulative case rates for each of these diseases were: syphilis, 192.1 and 173.9 respectively; gonorrhea, 200.0 and 168.3; and chancroid, 36.1 and 30.6.

SUMMARY REPORT OF CASES AND DEATHS FROM
COMMUNICABLE DISEASES IN JAPAN
WEEK ENDED 15 JANUARY 1949

PREFECTURE	DIPHTHERIA				DYSENTERY			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	44	4	99	13	1	-	9	-
AOMORI	4	-	11	1	-	-	-	-
IWATE	9	5	23	10	-	-	1	-
MIYAGI	6	1	29	4	-	-	2	5
AKITA	8	1	25	2	4	-	5	-
YAMAGATA	13	1	21	3	2	1	2	1
FUKUSHIMA	6	-	14	-	-	-	-	-
IBARAKI	2	1	*12	1	-	-	5	9
TOCHIGI	9	-	18	1	1	1	2	5
GUMMA	9	-	18	3	-	-	-	-
SAITAMA	12	-	18	1	-	-	1	-
CHIBA	12	-	20	4	2	1	4	2
TOKYO	24	7	70	10	7	-	12	1
KANAGAWA	7	2	23	6	1	1	7	2
NIIGATA	17	2	47	6	-	-	2	2
TOYAMA	5	1	10	3	-	-	-	-
ISHIKAWA	5	-	25	3	-	-	-	-
FUKUI	2	-	9	-	-	-	1	-
YAMANASHI	2	-	6	-	-	-	-	-
NAGANO	15	-	24	-	2	-	2	-
GIFU	12	-	22	1	1	-	2	-
SHIZUOKA	10	1	19	2	-	-	1	2
AICHI	9	-	21	-	-	-	5	4
MIE	14	1	24	1	-	-	-	-
SHIGA	1	-	*6	-	-	-	-	-
KYOTO	5	2	11	2	1	-	3	2
OSAKA	15	-	24	2	2	-	3	-
HYOGO	14	1	32	3	1	1	2	1
NARA	2	-	9	-	-	-	-	-
WAKAYAMA	7	-	10	-	-	-	-	-
TOTTORI	-	2	7	3	-	-	-	-
SHIMANE	NR	NR	9	1	NR	NR	2	-
OKAYAMA	8	1	14	3	1	1	1	1
HIROSHIMA	14	-	33	1	-	-	1	-
YAMAGUCHI	3	1	18	2	1	1	1	1
TOKUSHIMA	3	-	6	-	-	-	-	-
KAGAWA	4	-	7	-	-	-	-	-
EHIME	6	-	10	1	-	1	1	1
KOCHI	1	-	7	1	1	-	1	-
FUKUOKA	28	4	75	8	1	1	5	1
SAGA	9	1	29	2	1	-	2	1
NAGASAKI	7	1	*34	*2	1	-	*2	-
KUMAMOTO	11	1	21	2	-	-	1	1
OTA	12	1	35	6	1	-	1	-
MIYAZAKI	10	3	34	7	-	-	1	1
KAGOSHIMA	13	-	29	2	-	-	-	-
TOTAL	429	45	*1068	*123	32	9	*90	43
RATE								
CURRENT	28.0	2.9	23.2	2.7	2.1	0.6	2.0	0.9
PREVIOUS	23.7	2.6			1.4	0.4		

See footnotes at end of table.

Weekly Report - 15 January 1949
Continued

PREFECTURE	TYPHOID FEVER				PARATYPHOID FEVER			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	3	-	11	1	-	1	1	1
AOMORI	-	-	1	-	-	-	2	-
IWATE	1	-	3	-	-	-	1	-
MIYAGI	2	-	16	2	3	-	10	1
AKITA	-	-	3	-	-	-	-	-
YAMAGATA	-	-	1	-	-	-	1	-
FUKUSHIMA	-	-	5	-	-	-	-	-
IBARAKI	2	-	3	-	-	-	2	-
TOCHIGI	1	-	1	1	-	-	-	-
GUMMA	1	1	2	1	-	-	-	-
SAITAMA	2	2	5	2	-	-	3	-
CHIBA	2	-	6	1	1	-	3	-
TOKYO	24	1	62	2	17	-	40	-
KANAGAWA	2	1	16	1	1	-	*2	-
NIIGATA	1	-	9	-	1	-	2	-
TOYAMA	-	2	-	3	1	-	1	1
ISHIKAWA	-	-	2	-	1	-	6	-
FUKUI	1	-	4	-	-	-	-	-
YAMANASHI	-	-	1	-	-	-	-	-
NAGANO	-	-	1	-	-	-	1	-
GIFU	5	-	7	1	-	-	-	-
SHIZUOKA	3	-	12	2	6	-	17	-
AICHI	8	-	30	-	3	-	8	-
MIE	4	-	9	-	3	-	3	-
SHIGA	-	-	-	-	-	-	-	-
KYOTO	1	-	5	-	1	-	1	-
OSAKA	9	2	12	2	-	-	1	-
HYOGO	1	-	5	2	-	-	-	-
NARA	-	-	4	-	-	-	1	-
WAKAYAMA	-	-	-	-	-	-	1	-
TOTTORI	1	1	3	1	-	-	1	-
SHIMANE	NR	NR	7	-	NR	NR	1	-
OKAYAMA	-	-	3	1	2	-	3	-
HIROSHIMA	2	-	12	2	2	-	6	-
YAMAGUCHI	-	-	3	-	1	-	2	-
TOKUSHIMA	2	-	4	-	-	-	1	-
KAGAWA	-	-	-	-	-	-	-	-
EHIME	4	-	5	-	-	-	-	-
KOCHI	1	1	3	1	-	-	-	-
FUKUOKA	1	-	15	-	-	-	2	-
SAGA	1	-	4	1	1	-	2	-
NAGASAKI	-	-	*2	*1	-	-	-	-
KUMAMOTO	-	-	-	-	-	-	-	-
OITA	-	-	1	-	-	-	-	-
MIYAZAKI	-	-	-	-	-	-	1	-
KAGOSHIMA	-	-	1	-	-	-	-	-
TOTAL	85	11	*299	*28	44	1	*126	3
RATE								
Current	5.5	0.7	6.5	0.6	2.9	0.1	2.7	0.1
Previous	7.6	0.3			2.9	0.1		

See footnotes at end of table.

Weekly Report - 15 January 1949
Continued

PREFECTURE	SMALLPOX				TYPHUS		FEVER	
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	-	-	-	-	-	-	-	-
AOMORI	-	-	-	-	-	-	-	-
IWATE	-	-	-	-	-	-	-	-
MIYAGI	-	-	-	-	-	-	-	-
AKITA	-	-	-	-	-	-	-	-
YAMAGATA	-	-	-	-	-	-	1	-
FUKUSHIMA	-	-	-	-	1	-	11	-
IBARAKI	-	-	-	-	-	-	-	-
TOCHIGI	-	-	-	-	-	-	-	-
GUMMA	-	-	-	-	-	-	-	-
SAITAMA	-	-	-	-	-	-	-	-
CHIBA	-	-	-	-	-	-	-	-
TOKYO	-	-	-	-	1	-	3	-
KANAGAWA	-	-	-	-	2	-	3	-
NIIGATA	-	-	-	-	-	-	-	-
TOYAMA	-	-	-	-	-	-	-	-
ISHIKAWA	-	-	-	-	-	-	-	-
FUKUI	-	-	-	-	-	-	-	-
YAMANASHI	-	-	-	-	-	-	-	-
NAGANO	-	-	-	-	-	-	-	-
GIFU	-	-	-	-	-	-	-	-
SHIZUOKA	-	-	-	-	-	-	-	-
AICHI	-	-	-	-	-	-	-	-
MIE	-	-	-	-	-	-	-	-
SHIGA	-	-	-	-	-	-	-	-
KYOTO	-	-	-	-	-	-	-	-
OSAKA	-	-	-	-	-	-	2	-
HYOGO	-	-	-	-	-	-	-	-
NARA	-	-	-	-	-	-	-	-
WAKAYAMA	-	-	-	-	1	-	2	-
TOTTORI	-	-	-	-	-	-	-	-
SHIMANE	NR	NR	-	-	NR	NR	-	-
OKAYAMA	-	-	-	-	1	-	1	-
HIROSHIMA	-	-	-	-	-	-	-	-
YAMAGUCHI	-	-	-	-	-	-	-	-
TOKUSHIMA	-	-	-	-	-	-	-	-
KAGAWA	-	-	-	-	-	-	-	-
EHIME	-	-	-	-	-	-	-	-
KOCHI	-	-	-	-	-	-	-	-
FUKUOKA	-	-	-	-	-	-	-	-
SAGA	-	-	-	-	-	-	-	-
NAGASAKI	-	-	-	-	-	-	*1	-
KUMAMOTO	-	-	-	-	-	-	-	-
OITA	-	-	-	-	-	-	-	-
MIYAZAKI	-	-	-	-	-	-	-	-
KAGOSHIMA	-	-	-	-	-	-	-	-
<hr/>								
TOTAL	-	-	-	-	6	-	*24	-
<hr/>								
RATE								
CURRENT	-	-	-	-	0.4	-	0.5	-
PREVIOUS	-	-	-	-	0.5	-	-	-

See footnotes at end of table.

Weekly Report - 15 January 1949
Continued

PREFECTURE	MALARIA				JAPANESE "B" ENCEPHALITIS			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	-	-	4	-	-	-	-	-
AOMORI	-	-	1	-	-	-	-	-
IWATE	-	-	-	-	-	-	-	-
MIYAGI	-	-	-	-	-	-	-	-
AKITA	-	-	-	-	-	-	-	-
YAMAGATA	-	-	1	-	-	-	-	-
FUKUSHIMA	1	-	2	-	-	-	-	-
IBARAKI	1	-	1	-	-	-	-	-
TOCHIGI	-	-	-	-	-	-	-	-
GUMMA	1	-	3	-	-	-	-	-
SAITAMA	-	-	-	-	-	-	-	-
CHIBA	-	-	2	-	-	-	-	-
TOKYO	1	-	3	-	-	-	-	-
KANAGAWA	-	-	-	-	-	-	-	-
NIIGATA	-	-	2	1	-	-	-	-
TOYAMA	-	-	-	-	-	-	-	-
ISHIKAWA	-	-	-	-	-	-	-	-
FUKUI	-	-	-	-	-	-	-	-
YAMANASHI	1	-	2	-	-	-	-	-
NAGANO	-	-	-	-	-	-	-	-
GIFU	1	-	2	-	-	-	-	-
SHIZUOKA	-	-	1	-	-	-	-	-
AICHI	-	-	-	-	-	-	-	-
MIE	2	-	2	-	-	-	-	-
SHIGA	-	-	-	-	-	-	-	-
KYOTO	2	-	2	-	-	-	-	-
OSAKA	-	-	2	-	-	-	-	-
HYOGO	2	-	2	-	-	-	-	-
NARA	-	-	-	-	-	-	-	-
WAKAYAMA	-	-	-	-	-	-	-	-
TOTTORI	1	-	2	-	-	-	-	-
SHIMANE	NR	NR	2	-	NR	NR	-	-
OKAYAMA	-	-	1	-	-	-	-	-
HIROSHIMA	1	-	1	-	-	-	-	-
YAMAGUCHI	1	-	2	-	-	-	-	-
TOKUSHIMA	-	-	-	-	-	-	-	-
KAGAWA	-	-	-	-	-	-	-	-
EHIME	-	-	2	-	-	-	-	-
KOCHI	-	-	-	-	-	-	-	-
FUKUOKA	2	-	5	-	-	-	-	-
SAGA	-	-	-	-	-	-	-	-
NAGASAKI	-	-	1	-	-	-	-	-
KUMAMOTO	3	-	4	-	-	-	-	-
OITA	-	-	1	-	-	-	-	-
MIYAZAKI	-	-	1	-	-	-	-	-
KAGOSHIMA	-	-	-	-	-	-	-	-
<hr/>								
TOTAL	20	-	54	1	-	-	-	-
<hr/>								
RATE								
CURRENT	1.3	-	1.2	0.0	-	-	-	-
PREVIOUS	1.2	-			-	-	-	-

See footnotes at end of table.

Weekly Report - 15 January 1949
Continued

PREFECTURE	SCARLET FEVER				EPIDEMIC MENINGITIS			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	13	2	34	4	6	-	11	1
AOMORI	-	-	-	-	-	-	-	-
IWATE	-	-	1	-	-	-	-	-
MIYAGI	2	-	6	-	4	2	8	3
AKITA	1	-	3	-	1	-	1	-
YAMAGATA	-	-	3	-	-	-	-	-
FUKUSHIMA	3	-	6	-	1	1	1	1
IBARAKI	-	-	2	-	3	-	3	-
TOCHIGI	3	-	4	-	-	-	1	1
GUMMA	2	-	4	-	-	-	2	-
SAITAMA	1	-	5	-	-	-	1	-
CHIBA	2	-	2	-	-	-	2	-
TOKYO	59	2	92	2	6	-	9	-
KANAGAWA	8	-	14	-	-	-	2	1
NIIGATA	-	-	2	-	-	-	2	-
TOYAMA	-	-	-	-	-	-	-	1
ISHIKAWA	-	-	-	-	-	-	-	-
FUKUI	-	-	-	-	-	-	-	-
YAMANASHI	3	-	3	-	-	-	1	-
NAGANO	5	-	11	1	-	-	1	-
GIFU	2	-	3	-	-	-	-	-
SHIZUOKA	1	-	2	-	-	-	1	-
AICHI	2	-	10	-	-	-	-	-
MIE	4	-	7	-	-	-	1	-
SHIGA	16	-	19	-	-	-	-	-
KYOTO	8	-	14	-	2	1	2	2
OSAKA	9	-	15	-	2	-	9	2
HYOGO	3	-	8	-	-	-	1	-
NARA	-	-	-	-	-	-	-	-
WAKAYAMA	-	-	-	-	-	-	-	-
TOTTORI	-	-	1	-	-	-	-	-
SHIMANE	NR	NR	-	-	NR	NR	1	1
OKAYAMA	1	-	3	-	-	-	-	-
HIROSHIMA	1	-	2	-	-	-	-	-
YAMAGUCHI	-	-	-	-	-	-	-	-
TOKUSHIMA	-	-	-	-	-	-	-	-
KAGAWA	-	-	-	-	-	-	-	-
EHIME	1	-	2	-	-	-	-	1
KOCHI	-	-	-	-	-	-	-	-
FUKUOKA	-	-	1	-	1	1	3	1
SAGA	-	-	-	-	1	-	1	-
NAGASAKI	-	-	1	-	-	-	-	-
KUMAMOTO	-	-	-	-	-	-	-	-
OITA	-	-	1	-	-	-	-	-
MIYAZAKI	-	-	1	-	-	-	1	1
KAGOSHIMA	-	-	-	-	-	-	1	1
TOTAL	150	4	282	7	27	5	66	17
RATE								
Current	9.8	0.3	6.1	0.2	1.8	0.3	1.4	0.4
Previous	4.4	0.1	-	-	0.8	0.3	-	-

See footnotes at end of table.

Weekly Report - 15 January 1949
Continued

PREFECTURE	MEASLES		WHOOPING COUGH		TUBERCULOSIS	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	244	578	146	339	364	1071
AOMORI	33	91	13	36	101	270
IWATE	7	26	36	54	125	437
MIYAGI	8	19	11	36	160	398
AKITA	8	28	27	82	111	244
YAMAGATA	45	91	37	52	73	227
FUKUSHIMA	25	63	32	44	116	223
IBARAKI	5	16	18	32	121	302
TOCHIGI	4	9	47	86	115	219
GUMMA	12	20	39	82	78	157
SAITAMA	8	18	54	104	94	234
CHIBA	2	4	11	25	64	166
TOKYO	70	132	96	202	660	*1501
KANAGAWA	2	8	14	50	253	545
NIIGATA	32	106	24	118	147	490
TOYAMA	35	55	45	94	117	239
ISHIKAWA	22	36	16	59	116	237
FUKUI	6	20	13	14	23	38
YAMANASHI	-	1	5	13	31	73
NAGANO	11	20	60	159	202	419
GIFU	7	32	68	115	137	300
SHIZUOKA	1	6	21	34	146	319
AICHI	3	20	41	74	101	327
MIE	32	90	21	37	156	332
SHIGA	13	17	40	79	74	*172
KYOTO	80	112	25	46	310	663
OSAKA	31	68	16	36	209	946
HYOGO	11	22	31	48	322	605
NARA	1	2	-	-	26	54
WAKAYAMA	44	84	4	6	78	132
TOTTORI	-	1	1	1	44	130
SHIMANE	NR	54	NR	41	NR	105
OKAYAMA	12	18	10	26	109	317
HIROSHIMA	43	79	14	41	201	622
YAMAGUCHI	16	40	10	35	89	211
TOKUSHIMA	1	2	-	-	54	113
KAGAWA	-	-	-	3	50	99
EHIME	34	69	8	42	131	328
KOCHI	19	28	1	2	43	96
FUKUOKA	171	627	32	89	90	398
SAGA	1	5	8	16	47	139
NAGASAKI	31	*102	6	22	50	*235
KUMAMOTO	47	69	10	24	122	226
OTA	6	25	6	14	44	199
MIYAZAKI	-	1	-	7	48	197
KAGOSHIMA	8	21	43	53	30	149
TOTAL	1191	*2935	1160	2572	5782	*14904
RATE						
CURRENT	77.6	63.8	75.6	55.9	377.0	323.9
PREVIOUS	70.5		45.3		296.7	

See footnotes at end of table.

Weekly Report - 15 January 1949
Continued

PREFECTURE	PNEUMONIA		INFLUENZA	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	360	753	2	3
AOMORI	41	138	-	-
IWATE	70	150	-	-
MIYAGI	77	223	-	1
AKITA	72	185	-	-
YAMAGATA	60	125	-	-
FUKUSHIMA	113	237	-	1
IBAPAKI	82	187	-	1
TOCHIGI	79	122	-	-
GUMMA	114	222	1	1
SAITAMA	96	163	-	1
CHIBA	25	56	1	1
TOKYO	386	730	4	7
KANAGAWA	98	158	-	-
NIIGATA	130	*346	-	-
TOYAMA	68	208	-	2
ISHIKAWA	53	98	-	-
FUKUI	23	35	1	3
YAMANASHI	16	26	-	-
NAGANO	77	149	-	2
GIFU	72	129	-	1
SHIZUOKA	41	87	2	4
AICHI	57	130	1	4
MIE	53	124	6	6
SHIGA	60	108	2	14
KYOTO	90	187	1	2
OSAKA	56	149	1	6
HYOGO	78	180	1	6
NARA	3	14	3	3
WAKAYAMA	19	48	1	1
TOTTORI	8	24	-	-
SHIMANE	NR	31	NR	4
OKAYAMA	64	186	1	2
HIROSHIMA	52	126	4	4
YAMAGUCHI	38	77	-	-
TOKUSHIMA	18	51	-	-
KAGAWA	13	30	-	-
EHIME	103	290	-	3
KOCHI	44	78	-	-
FUKUOKA	98	234	-	1
SAGA	23	81	-	-
NAGASAKI	11	*61	-	-
KUMAMOTO	43	83	-	-
OITA	8	37	-	-
MIYAZAKI	8	26	-	1
KAGOSHIMA	13	43	-	-
TOTAL	3113	*6925	32	85
RATE				
Current	202.9	150.5	2.1	1.8
Previous	141.0		1.4	

See footnotes at end of table.

Weekly Report - 15 January 1949
Continued

NUMBER OF CASES AND DEATHS OF COMMUNICABLE DISEASES
FOR COMPARABLE PERIOD, 1947, 1948 and 1949

Disease	Week Ended			Cumulative Number for First 3 Wks.		
	15 Jan 1949	17 Jan 1948	18 Jan 1947	1949	1948	1947
CASE						
Diphtheria	429	491	806	1068	1198	2046
Dysentery	32	24	72	90	66	169
Typhoid Fever	85	133	330	299	307	845
Paratyphoid Fever	44	35	72	126	92	162
Smallpox	-	1	15	-	2	46
Typhus Fever	6	16	76	24	40	185
Malaria	20	71	216	54	141	485
Cholera	-	-	-	-	-	-
Scarlet Fever	150	87	70	282	152	119
Epidemic Meningitis	27	45	62	66	85	107
Jap B Encephalitis	-	-	1	-	-	1
Plague	-	-	-	-	-	-
Measles	1191	907	NA	2935	2002	NA
Whooping Cough	1160	978	NA	2572	2093	NA
Tuberculosis	5782	5115	NA	14904	10889	NA
Pneumonia	3113	4742	NA	6925	10277	NA
Influenza	32	160	NA	85	307	NA

DEATH						
Diphtheria	45	53	72	123	131	182
Dysentery	9	9	10	43	30	54
Typhoid Fever	11	15	22	28	34	72
Paratyphoid Fever	1	1	-	3	4	8
Smallpox	-	-	2	-	-	5
Typhus Fever	-	-	2	-	4	12
Malaria	-	-	-	1	-	1
Cholera	-	-	-	-	-	-
Scarlet Fever	4	-	-	7	2	1
Epidemic Meningitis	5	10	8	17	17	20
Jap B Encephalitis	-	-	1	-	-	2
Plague	-	-	-	-	-	-

See footnotes at end of table.

CASE AND DEATH RATES OF COMMUNICABLE DISEASES
FOR COMPARABLE PERIODS, 1947, 1948 and 1949

DISEASES	Week Ended			Cumulative Rates for First 3 Weeks		
	15 Jan	17 Jan	18 Jan	1949	1948	1947
	1949	1948	1947	1949	1948	1947
Case Rate						
Diphtheria	28.0	32.0	53.9	23.2	26.0	45.6
Dysentery	2.1	1.6	4.8	2.0	1.4	3.8
Typhoid Fever	5.5	8.7	22.1	6.5	6.7	18.8
Paratyphoid Fever	2.9	2.3	4.8	2.7	2.0	3.6
Smallpox	-	0.1	1.0	-	0.0	1.0
Typhus Fever	0.4	1.0	5.1	0.5	0.9	4.1
Malaria	1.3	4.6	14.4	1.2	3.1	10.8
Cholera	-	-	-	-	-	-
Scarlet Fever	9.8	5.7	4.7	6.1	3.3	2.7
Epidemic Meningitis	1.8	2.9	4.1	1.4	1.8	2.4
Japanese "B" Encephalitis	-	-	0.1	-	-	0.0
Plague	-	-	-	-	-	-
Measles	77.6	59.1	NA	63.8	43.5	NA
Whooping Cough	75.6	63.8	NA	55.9	45.5	NA
Tuberculosis	377.0	333.5	NA	323.9	236.6	NA
pneumonia	202.9	309.2	NA	150.5	223.3	NA
Influenza	2.1	10.4	NA	1.8	6.7	NA

CASE AND DEATH RATES OF COMMUNICABLE DISEASES
FOR COMPARABLE PERIODS, 1947, 1948 and 1949

DISEASES	Week Ended			Cumulative Rates for First 3 Weeks		
	15 Jan	17 Jan	18 Jan	1949	1948	1947
	1949	1948	1947	1949	1948	1947
Death Rate						
Diphtheria	2.9	3.5	4.8	2.7	2.8	4.1
Dysentery	0.6	0.6	0.7	0.9	0.7	1.2
Typhoid Fever	0.7	1.0	1.5	0.6	0.7	1.6
Paratyphoid Fever	0.1	0.1	-	0.1	0.1	0.2
Smallpox	-	-	0.1	-	-	0.1
Typhus Fever	-	-	0.1	-	0.1	0.3
Malaria	-	-	-	0.0	-	0.0
Cholera	-	-	-	-	-	-
Scarlet Fever	0.3	-	-	0.2	0.0	0.0
Epidemic Meningitis	0.3	0.7	0.5	0.4	0.4	0.4
Japanese "B" Encephalitis	-	-	0.1	-	-	0.0
Plague	-	-	-	-	-	-

See footnotes at end of table.

WEEKLY SUMMARY REPORT
OF
VENEREAL DISEASES IN JAPAN

WEEK ENDED 15 January 1949

PREFECTURE	(C) Current Cases		(T) Total cases for year to date			
	CHANCROID		GONORRHEA		SYPHILIS	
	(C)	(T)	(C)	(T)	(C)	(T)
HOKKAIDO	17	39	112	317	72	271
AOMORI	2	7	39	79	12	73
IWATE	1	2	12	29	18	70
MIYAGI	3	6	21	54	46	145
AKITA	7	11	22	68	27	74
YAMAGATA	1	4	20	45	42	91
FUKUSHIMA	13	18	62	113	110	*185
IBARAKI	7	17	38	103	31	104
TOCHIGI	3	7	35	88	30	95
GUMMA	-	4	23	79	20	91
SAITAMA	3	4	28	58	26	76
CHIBA	15	15	42	63	54	82
TOKYO	41	99	277	603	217	459
KANAGAWA	51	116	217	414	165	366
NIIGATA	1	4	5	40	28	102
TOYAMA	4	7	30	66	28	76
ISHIKAWA	1	9	40	98	31	96
FUKUI	7	7	39	56	33	55
YAMANASHI	1	4	24	38	13	37
NAGANO	3	7	34	93	40	96
GIFU	12	19	51	113	26	63
SHIZUOKA	8	17	76	159	65	151
AICHI	130	354	339	966	312	897
MIE	5	21	34	90	46	106
SHIGA	4	13	23	56	24	50
KYOTO	13	44	38	195	63	303
OSAKA	44	91	184	487	164	521
HYOGO	28	81	183	416	237	496
NARA	7	20	35	85	6	58
WAKAYAMA	8	10	84	124	59	94
TOTTORI	7	16	36	79	19	67
SHIMANE	NR	4	NR	11	NR	25
OKAYAMA	16	62	78	203	70	201
HIROSHIMA	20	58	125	419	149	431
YAMAGUCHI	8	46	87	413	47	287
TOKUSHIMA	-	5	7	15	9	47
KAGAWA	5	6	24	51	44	111
EHIME	4	13	36	108	59	128
KOCHI	1	3	9	24	17	34
FUKUOKA	28	63	224	512	182	472
SAGA	4	8	53	135	55	168
NAGASAKI	6	37	53	195	59	198
KUMAMOTO	5	13	46	142	104	227
OTA	4	7	71	118	33	78
MIYAZAKI	3	5	19	59	13	53
KAGOSHIMA	3	5	33	66	42	91
<hr/>						
TOTAL	554	1408	3068	7745	2947	*8001
<hr/>						
RATE						
CURRENT	36.1	30.6	200.0	168.3	192.1	173.9
PREVIOUS	30.8		155.9		171.8	
<hr/>						
See footnotes at end of table.						

NUMBER OF CASES AND CASE RATES FOR VENEREAL DISEASES
IN JAPAN FOR COMPARABLE PERIODS, 1947, 1948, 1949

Diseases	Week Ended			Cumulative Number for First 3 Wks		
	15 Jan 1949	17 Jan 1948	18 Jan 1947	1949	1948	1947

NUMBER

Chancroid	554	766	1027	1408	1741	2073
Gonorrhea	3068	4330	3771	7745	9060	8257
Syphilis	2947	3364	2308	8001	6840	4840

RATE

Chancroid	36.1	49.9	68.7	30.6	37.8	46.2
Gonorrhea	200.0	282.3	252.1	168.3	196.9	184.0
Syphilis	192.1	219.3	154.3	173.9	148.6	107.9

- Note: 1. There were no cases or deaths reported for cholera or plague.
2. Rates are the number of cases or deaths per 100,000 population, estimated as of 1 July 1948 and are computed on an annual basis.
3. A dash (-) indicates that no cases or deaths were reported and that the case or death rate was zero.
4. A rate of 0.0 indicates that there were some cases or deaths but that the rate was less than 0.1.
5. "NA" indicates data are not available.
6. "NR" indicates that no report was received.
7. * Cumulative figures adjusted for delayed and corrected reports.

